

Fill in this information to identify your case and this filing:

Debtor 1	Roger P Nielsen		First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Linda M Nielsen		First Name	Middle Name	Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS					
Case number 17-16810					

Check if this is an amended filing

Official Form 106A/B Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1

36W420 Highland Ave

Street address, if available, or other description

Elgin **IL** **60123-0000**

City State ZIP Code

Kane

County

What is the property? Check all that apply

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **\$254,900.00** Current value of the portion you own? **\$254,900.00**

Describe the nature of your ownership interest (such as fee simple, tenancy by the entirety, or a life estate), if known.

Fee Simple

Check if this is community property (see instructions)

Who has an interest in the property? Check one

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

Value according to comparative market analysis

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$254,900.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

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3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make: <u>Saturn</u>	Who has an interest in the property? Check one	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.	
Model: <u>Outlook Wagon XE</u>	<input type="checkbox"/> Debtor 1 only	Current value of the entire property?	Current value of the portion you own?
Year: <u>2WD</u>	<input type="checkbox"/> Debtor 2 only		
Approximate mileage: <u>2007</u>	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only		
Other Information: <div style="border: 1px solid black; padding: 5px;">Value according to www.nada.com</div>	<input type="checkbox"/> At least one of the debtors and another		
	<input type="checkbox"/> Check if this is community property (see instructions)	\$6,425.00	\$6,425.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$6,425.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe.....

Household goods and furnishings

\$2,900.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.....

Electronics

\$905.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe.....

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10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No
 Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No
 Yes. Describe.....

Clothes

\$500.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No
 Yes. Describe.....

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No
 Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

No
 Yes. Give specific information.....

**Health aids including, but not limited to: ramp, walker(s),
wheelchair(s)**

\$250.00

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached
for Part 3. Write that number here**

\$4,555.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No
 Yes.....

Institution name:

Checking ending in			
17.1.	2139	BMO Harris Bank, N.A.	\$949.21
Checking ending in			
17.2.	6747	Bank of America, N.A. Current Balance: -\$44.13	\$0.00
Checking ending in			
17.3.	5655	Elgin State Bank	\$6.75

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18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes..... Institution or Issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No
 Yes. Give specific information about them..... Name of entity: % of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them
 Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately.
 Type of account: Institution name:

Annuity	<u>Athene Annuity & Life Assurance Company</u> <u>Debtor to Receive \$322.89/monthly</u>	<u>Unknown</u>
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IRA	<u>Morgan Stanley</u>	<u>\$265,620.81</u>
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22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No
 Yes..... Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No
 Yes..... Issuer name and description:

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No
 Yes..... Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them...

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No
 Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

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28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company of each policy and list its value.
Company name:

Beneficiary:

Surrender or refund value:

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information..

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

No

Yes. Describe each claim.....

35. Any financial assets you did not already list

No

Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached
for Part 4. Write that number here.....

\$266,576.77

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

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Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2		<u>\$254,900.00</u>
56. Part 2: Total vehicles, line 5	<u>\$6,425.00</u>	
57. Part 3: Total personal and household items, line 15	<u>\$4,555.00</u>	
58. Part 4: Total financial assets, line 36	<u>\$266,576.77</u>	
59. Part 5: Total business-related property, line 45	<u>\$0.00</u>	
60. Part 6: Total farm- and fishing-related property, line 52	<u>\$0.00</u>	
61. Part 7: Total other property not listed, line 54	<u>\$0.00</u>	
62. Total personal property. Add lines 56 through 61...	<u>\$277,556.77</u>	Copy personal property total <u>\$277,556.77</u>
63. Total of all property on Schedule A/B. Add line 55 + line 62		<u>\$532,456.77</u>

Fill in this information to identify your case:

Debtor 1	Roger P Nielsen		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Linda M Nielsen		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	17-16810		

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

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Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
36W420 Highland Ave Elgin, IL 60123 Kane County Value according to comparative market analysis Line from Schedule A/B: 1.1	\$254,900.00	<input checked="" type="checkbox"/> \$30,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-901
2007 Saturn Outlook Wagon XE 2WD 70,000 miles Value according to www.nada.com Line from Schedule A/B: 3.1	\$6,425.00	<input checked="" type="checkbox"/> \$4,800.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(c)
2007 Saturn Outlook Wagon XE 2WD 70,000 miles Value according to www.nada.com Line from Schedule A/B: 3.1	\$6,425.00	<input checked="" type="checkbox"/> \$1,625.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Household goods and furnishings Line from Schedule A/B: 6.1	\$2,900.00	<input checked="" type="checkbox"/> \$2,900.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Electronics Line from Schedule A/B: 7.1	\$905.00	<input checked="" type="checkbox"/> \$905.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)

Debtor 1 **Roger P Nielsen**
 Debtor 2 **Linda M Nielsen**

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Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B.	Check only one box for each exemption.
Clothes Line from Schedule A/B: 11.1		\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(a)
Health aids including, but not limited to: ramp, walker(s), wheelchair(s) Line from Schedule A/B: 14.1		\$250.00	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(e)
Checking ending in 2139: BMO Harris Bank, N.A. Line from Schedule A/B: 17.1		\$949.21	<input checked="" type="checkbox"/> \$949.21 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Checking ending in 5655: Elgin State Bank Line from Schedule A/B: 17.3		\$6.75	<input checked="" type="checkbox"/> \$6.75 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1001(b)
Annuity: Athene Annuity & Life Assurance Company Debtor to Receive \$322.89/monthly Line from Schedule A/B: 21.1		Unknown	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1006
IRA: Morgan Stanley Line from Schedule A/B: 21.2		\$265,620.81	<input checked="" type="checkbox"/> 100% <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	735 ILCS 5/12-1006

3. Are you claiming a homestead exemption of more than \$160,375?
 (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Fill in this information to identify your case:			
Debtor 1	Roger P Nielsen		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Linda M Nielsen		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	17-16810		

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

2.1 Rushmore Loan Mgmt Ser

Creditor's Name

Describe the property that secures the claim:
**36W420 Highland Ave Elgin, IL
60123 Kane County
Value according to comparative market analysis**

Column A	Column B	Column C
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim	Unsecured portion if any
\$301,651.00	\$254,900.00	\$46,751.00

**15480 Laguna Canyon Rd
Irvine, CA 92618**

Number, Street, City, State & Zip Code

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

- Contingent
- Unliquidated
- Disputed
- An agreement you made (such as mortgage or secured car loan)
- Statutory lien (such as tax lien, mechanic's lien)
- Judgment lien from a lawsuit
- Other (including a right to offset) **Mortgage**

**Opened
04/04 Last
Active**

Date debt was incurred **4/24/17**

Last 4 digits of account number **1076**

Debtor 1	Roger P Nielsen	First Name	Middle Name	Last Name	Case number (if known)	17-16810
Debtor 2	Linda M Nielsen	First Name	Middle Name	Last Name		
2.2	U.S. Bank Trust National Association	Describe the property that secures the claim:			\$47,881.04	\$254,900.00
	Creditor's Name	36W420 Highland Ave Elgin, IL 60123 Kane County Value according to comparative market analysis				\$47,881.04
	Rushmore Loan Management Services PO Box 55004 Irvine, CA 92619					
	Number, Street, City, State & Zip Code					
Who owes the debt? Check one.						
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt						
Nature of lien. Check all that apply.						
<input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Second Mortgage						
Date debt was incurred	Opened 10/06	Last 4 digits of account number			2534	

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here:

\$349,532.04

\$349,532.04

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:			
Debtor 1	Roger P Nielsen		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Linda M Nielsen		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS			
Case number (If known)	17-16810		

■ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims against you?**
 No. Go to Part 2.
 Yes.
2. **List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount
2.1 Department of the Treasury Priority Creditor's Name Internal Revenue Service PO Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zip Code	Last 4 digits of account number \$15,159.80	\$13,100.68	\$2,059.12
Who incurred the debt? Check one.	When was the debt incurred?		
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt 	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Is the claim subject to offset?	Type of PRIORITY unsecured claim: <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____		
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes		
Tax year 2015, 2016			

Debtor 1 Roger P Nielsen
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2.2	Illinois Department of Revenue Priority Creditor's Name Bankruptcy Unit PO Box 19035 Springfield, IL 62794-9035 Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred?			
	<input type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> Check if this claim is for a community debt				
	Is the claim subject to offset?	<input type="checkbox"/> Taxes and certain other debts you owe the government			
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____			
		Notice			

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

4.1	American Express Centurion Bank	Last 4 digits of account number	Total claim
	Nonpriority Creditor's Name c/o Becket and Lee LLP PO Box 3001 Malvern, PA 19355 Number Street City State Zip Code	<u>0613</u>	<u>\$2,312.56</u>
	Who incurred the debt? Check one.	When was the debt incurred?	
	<input checked="" type="checkbox"/> Debtor 1 only	<u>Opened 09/71 Last Active</u>	
	<input type="checkbox"/> Debtor 2 only	<u>4/14/17</u>	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Unliquidated	
	Is the claim subject to offset?	<input type="checkbox"/> Disputed	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Student loans	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
		<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <u>Revolving, Credit Card</u>	

Debtor 1 Roger P Nielsen
 Debtor 2 Linda M Nielsen

Case number (if known) 17-16810

4.2	American Express Centurion Bank Nonpriority Creditor's Name <u>c/o Becket and Lee LLP</u> <u>PO Box 3001</u> <u>Malvern, PA 19355</u> Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7953</u> When was the debt incurred? <u>Opened 10/71 Last Active 4/13/17</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving, Credit Card</u>	\$588.95
4.3	Citibank, N.A. Nonpriority Creditor's Name <u>c/o Quantum3 Group LLC</u> <u>PO Box 280</u> <u>Kirkland, WA 98083</u> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5415</u> When was the debt incurred? <u>Opened 04/08 Last Active 1/14/17</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving, Credit Card</u>	\$7,723.91
4.4	Citibank, N.A. Nonpriority Creditor's Name <u>c/o Quantum3 Group LLC</u> <u>PO Box 280</u> <u>Kirkland, WA 98083</u> Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5937</u> When was the debt incurred? <u>Opened 09/77 Last Active 1/14/17</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving, Credit Card</u>	\$2,766.81

Debtor 1 Roger P Nielsen
 Debtor 2 Linda M Nielsen

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4.5	Citibank, N.A. Nonpriority Creditor's Name <u>c/o Quantum3 Group LLC</u> <u>PO Box 280</u> <u>Kirkland, WA 98083</u> Number Street City State Zip Code	Last 4 digits of account number <u>0261</u> When was the debt incurred? <u>Opened 02/11 Last Active 1/06/17</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving, Credit Card</u>	\$2,766.81
4.6	Citibank, N.A. Nonpriority Creditor's Name <u>c/o Quantum3 Group LLC</u> <u>PO Box 280</u> <u>Kirkland, WA 98083</u> Number Street City State Zip Code	Last 4 digits of account number <u>4939</u> When was the debt incurred? <u>Opened 11/82 Last Active 1/19/17</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving, Credit Card</u>	\$2,188.81
4.7	Department Stores National Bank Nonpriority Creditor's Name <u>c/o Quantum3 Group Inc</u> <u>PO Box 657</u> <u>Kirkland, WA 98083</u> Number Street City State Zip Code	Last 4 digits of account number <u>9370</u> When was the debt incurred? <u>Opened 02/08 Last Active 2/01/17</u> As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Revolving, Credit Card</u>	\$1,762.97

Debtor 1 Roger P Nielsen
 Debtor 2 Linda M Nielsen

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4.8	Department Stores National Bank Nonpriority Creditor's Name <u>c/o Quantum3 Group LLC</u> <u>PO Box 657</u> <u>Kirkland, WA 98083</u> Number Street City State Zip Code	Last 4 digits of account number <u>2710</u>	\$1,106.70
	Who incurred the debt? Check one.	When was the debt incurred? <u>Opened 02/71 Last Active 1/06/17</u>	
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Revolving, Credit Card</u>	
4.9	Discover Bank Nonpriority Creditor's Name <u>Discover Products Inc.</u> <u>PO Box 3025</u> <u>New Albany, OH 43054</u> Number Street City State Zip Code	Last 4 digits of account number <u>8070</u>	\$5,538.71
	Who incurred the debt? Check one.	When was the debt incurred? <u>Opened 10/95 Last Active 2/13/17</u>	
	<input type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Student loans	
	Is the claim subject to offset?	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> Other. Specify <u>Revolving, Credit Card</u>	
4.1	LVNV Funding, LLC its successors and assigns as assignee of Citibank, N.A. Nonpriority Creditor's Name <u>PO Box 10587</u> <u>Greenville, SC 29603</u> Number Street City State Zip Code	Last 4 digits of account number <u>7385</u>	\$426.07
	Who incurred the debt? Check one.	When was the debt incurred? <u>Opened 10/94 Last Active 2/07/17</u>	
	<input checked="" type="checkbox"/> Debtor 1 only	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
	Is the claim subject to offset?	<input type="checkbox"/> Student loans	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		<input checked="" type="checkbox"/> Other. Specify <u>Revolving, Credit Card</u>	

Debtor 1 Roger P Nielsen
 Debtor 2 Linda M Nielsen

Case number (if known) 17-16810

4.1 1	Midland Funding, LLC Nonpriority Creditor's Name Midland Credit Management, Inc. as agent PO Box 2011 Warren, MI 48090 Number Street City State Zip Code	Last 4 digits of account number <u>9373</u>	\$2,830.95
	When was the debt incurred? <u>Opened 04/08 Last Active 4/21/17</u>		
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	Original Creditor: Synchrony Bank/PayPal <input checked="" type="checkbox"/> Other, Specify <u>Cr</u>		

4.1 2	Midland Funding, LLC Nonpriority Creditor's Name Midland Credit Management, Inc. as agent PO Box 2011 Warren, MI 48090 Number Street City State Zip Code	Last 4 digits of account number <u>7500</u>	\$442.00
	When was the debt incurred? <u>Opened 10/99 Last Active 2/08/17</u>		
	As of the date you file, the claim is: Check all that apply		
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	Original Creditor: Syncb/PLCC/B.P <input checked="" type="checkbox"/> Other, Specify		

Debtor 1 **Roger P Nielsen**
 Debtor 2 **Linda M Nielsen**

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4.1 3	Portfolio Recovery Associates, LLC Nonpriority Creditor's Name Successor to Capital One Bank (USA), N.A. PO Box 41067 Norfolk, VA 23541 Number Street City State Zip Code	Last 4 digits of account number 8478 When was the debt incurred? Opened 10/02 Last Active 1/18/17	\$1,797.34
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Original Creditor: RCS Alliance/HSBC			
4.1 4			
Portfolio Recovery Associates, LLC Nonpriority Creditor's Name Successor to Capital One Bank (USA), N.A. PO Box 41067 Norfolk, VA 23541 Number Street City State Zip Code			
Last 4 digits of account number 0511 When was the debt incurred? Opened 11/01 Last Active 2/07/17			
As of the date you file, the claim is: Check all that apply			
Who incurred the debt? Check one.			
<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Student loans Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Yes <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Original Creditor: Capital One Bank (USA), N.A.			

Debtor 1 Roger P Nielsen
 Debtor 2 Linda M Nielsen

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4.1 5	Portfolio Recovery Associates, LLC Nonpriority Creditor's Name Successor to Capital One Bank (USA), N.A. PO Box 41067 Norfolk, VA 23541 Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number <u>2184</u> When was the debt incurred? <u>Opened 11/04 Last Active 2/01/17</u> As of the date you file, the claim is: Check all that apply	\$595.67
	<input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	Original Creditor: Capital One Bank (USA), N.A.
4.1 6	Presence Health Nonpriority Creditor's Name by American InfoSource LP as agent 4515 N Santa Fe Ave Oklahoma City, OK 73118 Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number <u>NA</u> When was the debt incurred? <u>Opened NA</u> As of the date you file, the claim is: Check all that apply	\$75.00
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	Medical
4.1 7	Wells Fargo Bank, N.A. Nonpriority Creditor's Name Wells Fargo Card Services PO Box 10438, MAC F8235-02F Des Moines, IA 50306 Number Street City State Zip Code Who incurred the debt? Check one.	Last 4 digits of account number <u>0210</u> When was the debt incurred? <u>Opened 10/07 Last Active 1/20/17</u> As of the date you file, the claim is: Check all that apply	\$10,008.75
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	Revolving, Credit Card

Debtor 1 Roger P Nielsen
 Debtor 2 Linda M Nielsen

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4.1 8	Wells Fargo Bank, N.A. Nonpriority Creditor's Name Wells Fargo Card Services PO Box 10438, MAC F8235-02F Des Moines, IA 50306 Number Street City State Zip Code	Last 4 digits of account number 3433	\$5,568.42
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? Opened 10/07 Last Active 1/17/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving, Credit Card	
4.1 9	Wells Fargo Bank, N.A. Nonpriority Creditor's Name Wells Fargo Card Services PO Box 10438, MAC F8235-02F Des Moines, IA 50306 Number Street City State Zip Code	Last 4 digits of account number 3832	\$5,512.58
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	When was the debt incurred? Opened 09/07 Last Active 1/20/17 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Revolving, Credit Card	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
Citibank/The Home Depot
Po Box 6497
Sioux Falls, SD 57117

On which entry in Part 1 or Part 2 did you list the original creditor?
 Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §169. Add the amounts for each type of unsecured claim.

Total claims from Part 1	6a. Domestic support obligations	6b. Taxes and certain other debts you owe the government	6c. Claims for death or personal injury while you were intoxicated	6d. Other. Add all other priority unsecured claims. Write that amount here.	Total Claim
					0.00
					15,159.80
					0.00
					0.00

Debtor 1 **Roger P Nielsen**
Debtor 2 **Linda M Nielsen**

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Total
claims
from Part 2

6e. Total Priority. Add lines 6a through 6d.

6e. \$ **15,159.80**

6f. Student loans

6f. \$ **0.00**

6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims
6h. Debts to pension or profit-sharing plans, and other similar debts
6i. Other. Add all other nonpriority unsecured claims. Write that amount here.

6g. \$ **0.00**
6h. \$ **0.00**
6i. \$ **55,168.07**

6j. Total Nonpriority. Add lines 6f through 6i.

6j. \$ **55,168.07**

Fill in this information to identify your case:	
Debtor 1	Roger P Nielsen
Debtor 2 (Spouse, if filing)	Linda M Nielsen
United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS	
Case number (if known)	17-16810

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
MM / DD / YYYY

Official Form 106I

12/15

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

Occupation

Employer's name

Employer's address

How long employed there?

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or
non-filing spouse

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 0.00 \$ 0.00

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross income. Add line 2 + line 3.

4. \$ 0.00 \$ 0.00

Debtor 1 **Roger P Nielsen**
 Debtor 2 **Linda M Nielsen**

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Copy line 4 here _____	For Debtor 1	For Debtor 2 or non-filing spouse
	4. \$ <u>0.00</u>	\$ <u>0.00</u>
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>0.00</u>	\$ <u>0.00</u>
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>0.00</u>
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ <u>0.00</u>
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ <u>0.00</u>
5e. Insurance	5e. \$ <u>0.00</u>	\$ <u>0.00</u>
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>0.00</u>
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>0.00</u>
5h. Other deductions. Specify: _____	5h.+ \$ <u>0.00</u>	+ \$ <u>0.00</u>
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <u>0.00</u>	\$ <u>0.00</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>0.00</u>	\$ <u>0.00</u>
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm <small>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.</small>	8a. \$ <u>0.00</u>	\$ <u>0.00</u>
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive <small>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</small>	8c. \$ <u>0.00</u>	\$ <u>0.00</u>
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>0.00</u>
8e. Social Security	8e. \$ <u>2,431.00</u>	\$ <u>1,281.00</u>
8f. Other government assistance that you regularly receive <small>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____</small>	8f. \$ <u>0.00</u>	\$ <u>0.00</u>
8g. Pension or retirement income	8g. \$ <u>322.91</u>	\$ <u>0.00</u>
8h. Other monthly income. Specify: _____	8h.+ \$ <u>0.00</u>	+ \$ <u>0.00</u>
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <u>2,753.91</u>	\$ <u>1,281.00</u>
10. Calculate monthly income. Add line 7 + line 9. <small>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.</small>	10. \$ <u>2,753.91</u>	+ \$ <u>1,281.00</u> = \$ <u>4,034.91</u>
11. State all other regular contributions to the expenses that you list in Schedule J. <small>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____</small>	11. +\$ <u>0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ <u>4,034.91</u>	
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____	

Fill in this information to identify your case:

Debtor 1	<u>Roger P Nielsen</u>
Debtor 2 (Spouse, if filing)	<u>Linda M Nielsen</u>
United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u>	
Case number (if known)	<u>17-16810</u>

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and
Debtor 2.

Yes.

Fill out this information for
each dependent.....

Dependent's relationship to
Debtor 1 or Debtor 2

Dependent's
age

Does dependent
live with you?

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

Do not state the
dependents names.

Son

30

3. Do your expenses include
expenses of people other than
yourself and your dependents? No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

Your expenses	
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4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,692.22

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues
 5. Additional mortgage payments for your residence, such as home equity loans

4a. \$	<u>0.00</u>
4b. \$	<u>0.00</u>
4c. \$	<u>203.00</u>
4d. \$	<u>0.00</u>
5. \$	<u>537.55</u>

Debtor 1 Roger P Nielsen
 Debtor 2 Linda M Nielsen

Case number (if known) 17-16810

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ <u>260.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>27.50</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>200.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>433.00</u>	
8. Childcare and children's education costs	8. \$ <u>0.00</u>	
9. Clothing, laundry, and dry cleaning	9. \$ <u>50.00</u>	
10. Personal care products and services	10. \$ <u>50.00</u>	
11. Medical and dental expenses	11. \$ <u>352.00</u>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>173.33</u>	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>0.00</u>	
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>	
15. Insurance.	15a. Life insurance	15a. \$ <u>0.00</u>
	15b. Health insurance	15b. \$ <u>268.00</u>
	15c. Vehicle insurance	15c. \$ <u>137.00</u>
	15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. Installment or lease payments:	17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
	17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
	17c. Other. Specify: _____	17c. \$ <u>0.00</u>
	17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>	
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	20a. Mortgages on other property	20a. \$ <u>0.00</u>
	20b. Real estate taxes	20b. \$ <u>0.00</u>
	20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
	20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
	20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: _____	21. +\$ <u>0.00</u>	
22. Calculate your monthly expenses	\$ <u>4,383.60</u>	
22a. Add lines 4 through 21.	\$ <u>4,383.60</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>4,383.60</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>4,383.60</u>	
23. Calculate your monthly net income.	23a. \$ <u>4,034.91</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>4,383.60</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. \$ <u>-348.69</u>	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes.	Explain here: _____	